

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAID PURCHASING ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memo # No: 10-58
Issued: July 29, 2010

From: Douglas Porter, Assistant Secretary
Medicaid Purchasing
Administration (MPA)

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after September 1, 2010, the Medicaid Purchasing Administration (MPA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Adjustments to existing MACs; and
3. MAC deletions.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 09/01/10
ANASTROZOLE	1MG	TABLET	\$0.32333
NORETHINDRONE ACETATE	5MG	TABLET	\$1.91780
SKIN PROTECTANTS MISC (BAZA)	142GM	CREAM	\$0.06128

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 09/01/10
AMPHETAMINE- DEXTROAMPHETAMINE	5MG	CAP SR 24HR	\$4.82300
AMPHETAMINE- DEXTROAMPHETAMINE	15MG	CAP SR 24HR	\$4.82300
AMPHETAMINE- DEXTROAMPHETAMINE	30MG	CAP SR 24HR	\$4.82300
BROMOCRIPTINE MESYLATE	2.5MG	TABLET	\$1.27380
CEFDINIR	300MG	CAPSULE	\$1.42280

2. MAC Adjustments (cont):

Generic Name	Strength	Form	MAC Effective 09/01/10
CEFDINIR	250MG/5ML	SUSPENSION	\$0.60070
FLUTICASONE PROPIONATE	50MCG/ 16GM	NASAL SUSP	\$1.56480
LEVETIRACETAM	100MG/ML	SOLN	\$0.11493
OXYBUTYNIN	5MG	TAB SR 24HR	\$1.58220
OXYBUTYNIN	10MG	TAB SR 24HR	\$1.58220
OXYBUTYNIN	15MG	TAB SR 24HR	\$1.66000
PERPHENAZINE	2MG	TABLET	\$0.50700
PERPHENAZINE	16MG	TABLET	\$1.17830
PRAZOSIN HCL	5MG	CAPSULE	\$0.32380

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 09/01/10
DESOXIMETASONE	0.05%	CREAM	\$0.00000

How Can I Get the Department/MPA Provider Documents?

To download and print the Department/MPA provider numbered memos and billing instructions, go to the Department/MPA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).